

- o. _____ Attendant Care. Hands-on care, of both a medical and non-medical supportive nature; specific to the needs of a medically stable individual with physical impairments. This service may include skilled medical care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of the client-based care may also be furnished as part of this activity.

Check all that apply:

1. _____ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the ICCP.
2. _____ Supervision may be furnished directly by the client, when the client has been trained to perform this function, and when the safety and efficacy of client-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on observation of the client and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained with the client's ICCP.

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Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. _____ The State will impose the following limitations on the provision of this service (specify):

Provider qualifications are specified in Appendix C-2.

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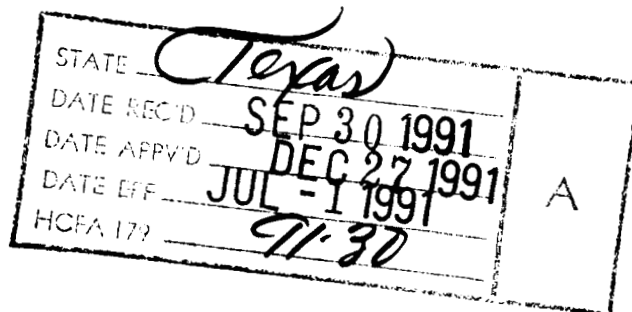
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- p. _____ Personal Emergency Response Systems (PERS). PERS is an electronic device which enables certain high-risk clients to secure help in the event of an emergency. The client may also wear a portable "help" button to allow for mobility. The system is connected to the client's phone and programmed to signal a response center once the "help" button is activated. The response center is staffed by individuals with the qualifications specified in Appendix C-2.

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. _____ The State will impose the following limitations on the provision of this service (specify):
- _____
- _____



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- g. _____ Private Duty Nursing. Private Duty Nursing services consist of individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within their scope of practice under State law.

Check one:

1. _____ Private duty nursing services are limited to services provided in the individual's home or place of residence.

2. _____ Private duty nursing services are not limited to services provided in the individual's home or place of residence. Check one:

- A. _____ Services may also be provided in the following locations (Specify):

- B. _____ The State will not place limits on the site of private duty nursing services.

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

2. _____ The State will impose the following limitations on the provision of this service (specify):

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r. _____ Extended State Plan Services. The following services are available under the State plan, but with limitations. Under this benefit, these services will be provided in excess of the limitations otherwise specified in the plan. Provider standards will remain unchanged from those otherwise indicated in the State plan. When these services are provided as home and community care, the limitations on each service will be as specified in this section.

1. _____ Physician services.

Check one:

A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

B. _____ The State will impose the following limitations on the provision of this service (specify):

2. _____ Home Health Care Services

Check one:

A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

B. _____ The State will impose the following limitations on the provision of this service (specify):

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3. _____ Physical Therapy Services

Check one:

A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

B. _____ The State will impose the following limitations on the provision of this service (specify):

4. _____ Occupational Therapy Services

Check one:

A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

B. _____ The State will impose the following limitations on the provision of this service (specify) :

5. _____ Speech, Hearing and Language Services

Check one:

A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.

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- B. _____ The State will impose the following limitations on the provision of this service (specify):
- _____
- _____

6. _____ Prescribed Drugs

Check one:

- A. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
- B. _____ The State will impose the following limitations on the provision of this service (specify):
- _____
- _____

S. _____ Other services (specify):

Provider standards for each "other" services identified are found in Appendix C-2.

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APPENDIX C-2 PROVIDER QUALIFICATIONS

- a. The following are the minimum qualifications for the provision of each home and community care service under the plan.

LICENSURE AND CERTIFICATION CHART

Cite relevant portions of State licensure and certification rules as they apply to each service to be provided.

SERVICE	PROVIDER TYPE	LICENSURE	CERTIFICATION
HOMEMAKER			
HOME HEALTH AIDE			
PERSONAL CARE	Agency		A legal entity or one of its divisions must: 1. be licensed by the State as a Class A home health agency and be authorized to do business in the State (the personal care services do not have to be delivered out of its licensed home health agency or home health agency division); 2. be certified for reimbursement under Titles XVIII and XIX of the Social Security Act; and 3. not be delinquent in its payment of the State franchise tax.
ATTENDANT CARE			
NURSING CARE			
RESPIRE CARE			
IN HOME			
FACILITY BASED			
FAMILY TRAINING			
ADULT DAY CARE			

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SERVICE	PROVIDER TYPE	LICENSURE	CERTIFICATION
DAY TREATMENT/ PARTIAL HOSPITALIZATION			
PSYCHOSOCIAL REHABILITATION			
CLINIC SERVICES			
HABILITATION			
RESIDENTIAL			
DAY			
ENVIRONMENTAL MODIFICATIONS			
TRANSPORTATION			
MEDICAL EQUIPMENT AND SUPPLIES			
PERS			
ADULT COMPANION			
ATTENDANT CARE			
PVT DUTY NURSING			

Identify any licensure and certification standards applicable to the providers of "other" services defined in Appendix C-1 on a separate sheet of paper. Attach the paper to this Appendix.

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b. ASSURANCE THAT REQUIREMENTS ARE MET

1. The State of Texas assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under this section.
2. The State will require each provider furnishing services under this section to furnish proof that all applicable requirements for service provision, specified in this Appendix, are met prior to the provision of services for which FFP is claimed.
3. The State assures that it will review each provider at least once a year, to ensure that provider requirements continue to be met.

c. PROVIDER REQUIREMENTS APPLICABLE TO ALL SERVICES

In addition to standards of licensure and certification, each individual furnishing services under this section must demonstrate the following to the satisfaction of the State:

1. Familiarity with the needs of the individuals being served. The degree of familiarity must be commensurate with the type of service to be provided.
2. If the provider is to furnish services targeted to individuals with Alzheimer's Disease or to recipients with other mental impairments, familiarity with the course and management of this disease, commensurate with the type of service to be provided.
3. The provider must be able to communicate with the client or primary caregiver. To be considered sufficient, this ability must be commensurate with the type of service to be provided.
4. Each provider must have received training, appropriate to the demands of the service to be provided, on proper response to emergency situations.
5. Each provider must be qualified by education, training, experience and or examination in the skills necessary for the performance of the service.

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